# FORM D



# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB	<b>APPROVAI</b>

OMB Number:

3235-0076

Expires: April

April 30, 2008

Estimated average burden hours per response ...... 16.00

SEC USE ONLY					
Prefix	Serial				
DATE RECEIVED					
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1. Enter the information requested about the issuer  Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  illumita, inc.  Address of Executive Offices (Number and Street, City, State, Zip Code)  2815 Eastlake Ave. E., Suite 300, Seattle, Washington 98102  Address of Principal Business Operations (Number and Street, City, State, Zip Code)  Telephone Number (Including Area 206-336-5598  Telephone Number (Including Area 206-336-5598)  Telephone Number (Including Area 206-336-5598)  Frief Description of Business  Software and IT infrastructure  Type of Business Organization   limited partnership, already formed   other (please specify): PROCESS		•
A. BASIC IDENTIFICATION DATA  1. Enter the information requested about the issuer  Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  illumita, inc.  Address of Executive Offices  2815 Eastlake Ave. E., Suite 300, Seattle, Washington 98102  Address of Principal Business Operations (Number and Street, City, State, Zip Code)  Gif different from Executive Offices)  Brief Description of Business  Software and IT infrastructure  Type of Business Organization  Corporation Imited partnership, already formed business trust Imited partnership, to be formed  Actual or Estimated Date of Incorporation or Organization:  Month Year  Actual CIDENTIFICATION DATA  (NOV 0 Q 2006)  Telephone Number (Including Area 206-336-5598)	Iment and name has changed, and indicate change.)	
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Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)    Composition of Business Organization   Corporation   Corporati	A. BASIC IDENTIFICATION DATA C NOV U 9 2006	
illumita, inc.  Address of Executive Offices (Number and Street, City, State, Zip Code) 2815 Eastlake Ave. E., Suite 300, Seattle, Washington 98102 206-336-5598  Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area (if different from Executive Offices)  Brief Description of Business Software and IT infrastructure  Type of Business Organization   limited partnership, already formed   other (please specify):   PROCESS	issuer	1. Enter the information requested abo
2815 Eastlake Ave. E., Suite 300, Seattle, Washington 98102  Address of Principal Business Operations (Number and Street, City, State, Zip Code)  Brief Description of Business  Software and IT infrastructure  Type of Business Organization  Corporation  Dusiness Trust  Imited partnership, already formed  business trust  Month  Year  Actual or Estimated Date of Incorporation or Organization:  0 7 0 6 Actual Estimated	Iment and name has changed, and indicate change.)	· · · · · · · · · · · · · · · · · · ·
(if different from Executive Offices)  Brief Description of Business Software and IT infrastructure  Type of Business Organization    Corporation		
Software and IT infrastructure  Type of Business Organization    Corporation	(Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)	
corporation   limited partnership, already formed   other (please specify):   PROCESS   business trust   limited partnership, to be formed   NOV 2 0 200    Actual or Estimated Date of Incorporation or Organization:   0 7 0 6   Actual   Estimated   Estimated   Date of Incorporation   Date of In		
Actual or Estimated Date of Incorporation or Organization: 0 7 0 6 Actual Estimated		corporation
CN for Canada; FN for other foreign jurisdiction)  CN for Canada; FN for other foreign jurisdiction)  FINANCIAL	(Enter two-letter U.S. Postal Service abbreviation for State:	
GENERAL INSTRUCTIONS		GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## -ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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#### A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Executive Officer □ Director General and/or Promoter Beneficial Owner Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Gribble, Steven D. Business or Residence Address (Number and Street, City, State, Zip Code) 2815 Eastlake Ave. E., Suite 300, Seattle, Washington 98102 Promoter Executive Officer Director General and/or Check Box(es) that Apply: □ Beneficial Owner Managing Partner Full Name (Last name first, if individual) Richardson, David Business or Residence Address (Number and Street, City, State, Zip Code) 2815 Eastlake Ave. E., Suite 300, Seattle, Washington 98102 Check Box(es) that Apply: Promoter Beneficial Owner **Executive Officer** □ Director General and/or Managing Partner Full Name (Last name first, if individual) Bershad, Brian D. Business or Residence Address (Number and Street, City, State, Zip Code) Box 352350, Seattle, Washington 98195-2350 Beneficial Owner Executive Officer Director | Check Box(es) that Apply: ✓ Promoter General and/or Managing Partner Full Name (Last name first, if individual) Levy, Henry M. Business or Residence Address (Number and Street, City, State, Zip Code) Box 352350, Seattle, Washington 98195-2350 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) McIlwain, Matthew Business or Residence Address (Number and Street, City, State, Zip Code) 1000 Second Avenue, Suite 3700, Seattle, Washington 98104 Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Schultheis, Patrick J. Business or Residence Address (Number and Street, City, State, Zip Code) 701 Fifth Avenue, Suite 5100, Seattle, Washington 98104-7036 Check Box(es) that Apply: Promoter Beneficial Owner Director Executive Officer General and/or Managing Partner Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

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												Yes	No S
1.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?						••••••	Ш	$\boxtimes$				
			- - -	Answer a	ilso in Appe	endix, Colu	mn 2, if filin	g under UL	OE.				
2. What is the minimum investment that will be accepted from any individual?							**********	\$ <u>N/A</u>					
			•									Yes	No .
3.			permit joint									$\boxtimes$	
4.	commi	ssion or sir	tion request nilar remune	ration for s	olicitation o	of purchases	s in connect	tion with sa	les of secur	ities in the o	offering.		
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Full Name (Last name first, if individual)													
Business or Residence Address (Number and Street, City, State, Zip Code)													
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
	(Che	eck "All Sta	ites" or check	c individua	States)							🗆 A	All States
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States in Which Person Listed Has Solicited or Intends to Solicit Purchasers								•					
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	MT	NE	٧V	NH	ИJ	NM	NY	NC	ND	ОН	ок	OR	PA
	RI	SC	SD	TN	TX	UΤ	VT	VA	WA	wv	wı	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.) C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \int and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Already Aggregate Offering Price Sold Type of Security Debt.....\$ ☐ Common ☐ Preferred Convertible Securities (including warrants) \$ ) ......**\$**\_.\_\_\_**\$**\_\_\_ Other (Specify 8 \$ \_\_\_\_ Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Dollar Amount Number Investors of Purchases Accredited Investors Non-accredited Investors \_\_\_\_\_\_ \$ \_\_\_\_ Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. **Dollar Amount** Type of Type of Offering Security Sold Rule 505 Regulation A..... Rule 504 ..... Total ...... Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs. Legal Fees. Accounting Fees

Total ......

	C.OFFERING PRICE, NUM	BER OF INVESTORS, EXPENSES AND USE OF	PROCEE	บร		J
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C — proceeds to the issuer."	Question 4.a. This difference is the "adjusted gross	5	\$	8	-
i.	Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for an check the box to the left of the estimate. The total o proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate and f the payments listed must equal the adjusted gros	d,			
			Off	•	Payments to Others	
	Salaries and fees		$\Box$ s	Πs	<b>;</b>	
	Purchase of real estate					_
	Purchase, rental or leasing and installation of mac		□ Ψ		-	_
	and equipment		□ s	□ s		_
	Construction or leasing of plant buildings and faci					
	Acquisition of other businesses (including the value offering that may be used in exchange for the asset	ue of securities involved in this				_
	issuer pursuant to a merger)		□ \$	□ \$		
	Repayment of indebtedness					
	Working capital		□ s			
	Other (specify):		s		;	_
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	Column Totals	•				5
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	Total Payments Listed (column totals added)			⊠ s	8	
		D. FEDERAL SIGNATURE	•		- 4	
igi ne	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-accruaer (Print or Type)	nish to the U.S. Securities and Exchange Comm	ission, up	on written requ	est of its staff	g f,
llu	mita, inc.	01/82	Novem	ber 8, 2006		
٧a	me of Signer (Print or Type)	Title of Signer (Print or Type)	•	,		
Pat	rick J. Schultheis	Secretary				
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	<u> </u>	ATTENTION				

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Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)